PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

201-0919 TAM

| CLAIMS AS FILED - PART I (Column 1) | | | | | | mn 2) | | SMALL ENTITY TYPE | | | OTHER THAN OR SMALL ENTITY | | |
|---|--|---|-----------------|----------------------|---------------------------------------|---|----------------|---------------------|------------------------|---------|-------------------------------|------------------------|--|
| TOTAL CLAIMS | | | 14 | | | | ſ | RATE | FEE | | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 | |
| TOTAL CHARGEABLE CLAIMS | | | minus 20= | | * | | | X\$ 9= | | OR | X\$18= | | |
| IND | EPENDENT CL | AIMS | <u> </u> | | * | | | X42= | | OR | X84= | | |
| MU | LTIPLE DEPEN | DENT CLAIM PR | RESENT | | | | | +140= | | OR | +280= | | |
| * If | the difference | in column 1 is | ro, ente | r "0" in c | olumn 2 | Ę | TOTAL | | OR | TOTAL | 740 | | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) | | | | | | (Column 2) | | SMALL E | NTITY | OR | OTHER SMALL | li li | |
| | | (Column 1) CLAIMS |] | | HEST | (Column 3) | ſ | | ADDI- |] | | ADDI- | |
| AMENDMENT A | š | REMAINING AFTER AMENDMENT | | NUM PREVI PAID | OUSLY | PRESENT EXTRA | | RATE | TIONAL FEE | | RATE | TIONAL | |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | | |
| AME | Independent | * | Minus *** | | T CL AIRA | = | | X42= | | OR | X84= | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +140=. | | OR | +280= | | |
| | | | | | | | <u>[</u> | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | | |
| | | , | | | ú | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | |
| ENT B | ۰ | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVI | mn 2) HEST IBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| AWENDWENT | Total | * | Minus | ** | · | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent | dependent | | *** | | | | X42= | | OR | X84= | | |
| <u> </u> | FIRST PRESE | NIATION OF ME | | ENDEN | CLAIIVI | | 1 | +140= | | OR | +280= | | |
| | | | | | | | <u> </u> | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | | |
| | | | | | | | | | | | | | |
| AMENDMENTC | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVI | HEST IBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | | |
| AME | Independent | * | Minus | *** | ~ ~ | = | | X42= | | OR | X84= | | |
| <u>L</u> | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +140= | | OR | +280= | | |
| ** | If the "Highest Nu | mn 1 is less than the mber Previously Pa | aid For" IN THI | S SPACE | is less tha | in 20, enter "20." | <u> </u> - | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT, FEE | | |
| | | mber Previously P nber Previously Pa | | | | | | | ropriate box | x in co | | | |